

RFI – Center for Medicare and Medicaid Innovation

Demographic Information:

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Summary:

The American Psychological Association Practice Organization (APAPO) is an affiliate of the American Psychological Association (APA), the professional organization representing more than 130,000 members and affiliates engaged in the practice, research, and teaching of psychology. APAPO promotes the professional interests of psychologists in a wide variety of practice settings. APAPO has advocated for increased access to mental and behavioral healthcare, inclusion of psychologists in new practice models, fairness in Medicare reimbursement, and appropriate quality measurement for psychologists.

Clinical psychologists are the principal providers of mental health services to Medicare beneficiaries, providing more than 70% of the inpatient and about 40% of the outpatient psychotherapy that beneficiaries receive. Clinical psychologists provide 95% of Medicare behavioral health services, and nearly all psychological and neuropsychological testing services. Medicare coverage of psychological services is central to public access to critical mental health services.

APAPO thanks the Centers for Medicare and Medicaid Services (CMS) for this opportunity to provide comments on transforming clinical practices. Below are APAPO's responses to select questions from the Request for Information (RFI) on Transforming Clinical Practices issued by the Center for Medicare and Medicaid Innovation on March 5, 2014. As directed in the RFI we have kept our answers within the 2000-character limit but can provide additional information if the agency has any questions.

Questions and Responses:

Practice Transformation Strategies, Resources and Opportunities

What key areas of practice transformation require attention?

Different areas of practice transformation are important but APAPO sees two as critical: integrating psychology into primary care and ensuring appropriate reimbursement in Medicare, other federal programs, and the private market. Integrating behavioral health into primary care will allow patients to have all of their health needs addressed in one setting. Psychologists can help manage the psychosocial aspects of chronic and acute conditions. They can apply behavioral techniques to address risky behaviors and unhealthy lifestyles. Integrating psychologists into primary care allows them to assess patients and provide interventions as needed. This improves productivity and cost-effectiveness as primary care providers are freed from spending time on patients' behavioral issues. The key to successful integration is establishing flexible teams of healthcare professionals whose composition changes according to the needs of the patient.

For integration to work psychologists must be reimbursed for behavioral health services. Medicare is at the forefront as it has covered health and behavior (H&B) assessment and intervention services by psychologists since 2002. Unfortunately, many private insurance carriers, as well as Medicaid in most states, still fail to cover H&B services, thus depriving psychologists of reimbursement for helping patients address physical health problems.

Another reimbursement problem is that the Medicare payment formula favors high technology practices with large expense costs. Medicare payments to psychologists have declined roughly 27 percent in the last six years, and the reimbursement rate for the most common mental health service (a 45-minute psychotherapy service) has declined by more than 35 percent since 2001, adjusted for inflation. Payment decisions by CMS have ramifications even for those who are not Medicare providers because private insurers take Medicare's payment rates into consideration when determining their own fee schedules.

What policies or standards should CMS consider adopting to ensure that groups of solo, small practices and rural providers have the opportunity to actively participate in practice transformation?

Most mental health providers who furnish outpatient services are in solo or small practices. Changes needed to meet new standards are daunting to these providers who typically employ few staffers and have narrow profit margins. To compound the problem psychologists and clinical social workers, who combined provide the vast majority of psychotherapy services in Medicare, are not eligible for financial incentives to invest in health information technology. It would be extremely helpful if CMS supported the Behavioral Health Information Technology (BHIT) bills now being considered by Congress.

CMS must be careful not to adopt a "one size fits all" approach to practice transformation. Requiring "state-of-the-art" care and investments in infrastructure for solo and small practices as rapidly as larger ones may drive these providers out of Medicare. Solo and small practices can

improve the quality of the care they deliver but they will need goals that are appropriate and realistic for their reduced economies of scale.

Rural providers must contend with limited resources, including access to specialists and facilities. As more Americans become insured under the Affordable Care Act rural providers may find their practices swarmed by new patients, many of whom will present with a variety of co-morbid conditions. It will take time to help new patients develop behaviors to support a healthier lifestyle and rural providers should not be penalized for taking on this challenge. Again, rural providers should be incentivized to improve the quality of care but not in the same manner expected of larger urban practices with greater resources and higher cash flows.

What practice transformation strategies, resources, and tools are most needed to prepare smaller practice to successfully participate in private and public sector pay for value arrangements?

Under Medicare's current PQRS program it is very difficult for mental health providers who furnish only a limited number of services for a relatively small patient population to meet the growing number of requirements. As PQRS has evolved its measures and methods of reporting have changed, leaving mental health providers with even fewer options than they had in previous years. PQRS has proved daunting to many mental health professionals, resulting in very low rates of participation. APAPO has concerns that mental health providers will abandon Medicare altogether if continuously subjected to penalties under a quality or value-based system designed for larger, more diverse healthcare practices.

For smaller practices to successfully participate, a pay for value arrangement must consider factors such as practice size, patient characteristics and needs, practice costs and resources, efficiency, availability, and consistency of services when it determines quality.

What should CMS consider as it relates to beneficiary and caregiver experience of care when practices transform?

CMS must consider new ways to reimburse for work done by psychologists on behalf of their patients that are not direct services. Healthcare professionals spend time and effort coordinating care to ensure the safety and wellbeing of their patients. Currently CMS recognizes the work done by physicians on care coordination and transitional care management but fails to acknowledge that psychologists provide these same services. Agency policy prohibits psychologists from billing for any services under evaluation and management (E&M) codes because CMS considers all E&M to be medical services.

In fact, psychologists routinely provide E&M-like services such as care coordination and transitional care management. For example, post-discharge is a high risk period for a patient who has been hospitalized for a psychiatric condition and it is critical to establish care as soon as

possible. A psychologist treating a patient following a psychiatric admission collaborates with hospital staff to facilitate the transition and contacts the patient to move forward with treatment. During the first appointment, the psychologist assesses the patient by documenting symptoms, psychiatric diagnoses, medical needs, functional status, pain control, and psychosocial needs following the discharge. The psychologist engages family members in the care planning process, contact local support agencies if necessary, and communicates with the patient's primary care provider regarding the patient's mental health needs. None of this work, however, is recognized by Medicare when it is performed by a psychologist.

E&M-like services provided by psychologists greatly enhance the quality of life for both beneficiaries and their caregivers. Psychologists should be reimbursed, just as physicians are, for the time and work involved in managing their Medicare patients. CMS can enhance the services offered to beneficiaries by revising its policy to allow psychologists to bill for E&M.

How are practices using Health Information Technology (HIT) and Electronic Medical Record (EMR) technology to improve patient health outcomes? How have various organizations supported HIT integration in practice information?

With health information technology, it becomes easier for clinicians to track sensitive clinical patient data over time and between providers. This allows for the clinician to gain a broader perspective of a patient's overall health and wellbeing, as well as providing a platform for collecting data regarding patient outcomes. Data from practices utilizing EHRs has the potential to improve patient outcomes across the healthcare landscape because providers will be able to identify emerging patterns and trends within specific care populations. Specifically, these data may prove to be useful in epidemiological studies pertaining to public health.

While many of our members are in solo or small group practices, EHR technology has the potential to facilitate the transition of independent practitioners toward an integrated care model, such as the patient centered medical home. Also, EHR technology has already transformed practices of those psychologists who work within hospital settings by connecting them to primary care physicians and other specialists to better facilitate positive patient outcomes.

As discussed in question 6, psychologists currently have no incentives to invest in HIT. CMS could help psychologists move forward on incorporating HIT into their practices by supporting the BHIT bills now in Congress.

How are practices addressing race, ethnic, primary language, and disability status health disparities in their work to improve patient health outcomes? How have organizations leveraged practice transformations to support reduced racial and ethnic disparities?

APA has numerous clinical practice guidelines to support psychologists in addressing these domains. Two important documents that provide guidance are



- 1) Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists

<http://www.apa.org/pi/oema/resources/policy/multicultural-guidelines.aspx>

- 2) Guidelines for Assessment of and Intervention with Persons with Disabilities

<http://www.apa.org/pi/disability/resources/assessment-disabilities.aspx>

APA has also published several reports that are available to its members and the public including *Crossroads: The Psychology of Immigration in the New Century*

(<http://www.apa.org/topics/immigration/report.aspx>) and *Dual Pathways to a Better America: Preventing Discrimination and Promoting Diversity*

(<http://www.apa.org/pubs/info/reports/promoting-diversity.aspx>).

APA also has an important initiative to address health disparities. While many health disparities in mental and behavioral health occur, the current focus is on smoking and smoking cessation. The initiative is developing evidence based materials for use by psychologists and their patients to reduce tobacco use disparities. APA sponsored a conference and has video lectures available on line. APA hopes to address other topics once it has finished development of materials related to smoking and smoking cessation.

A primary mission of APA is information dissemination and our flagship journal, the *American Psychologist*, received by every member, has devoted entire issues or sections to topics such as *HIV/AIDS: Social Determinants and Health Disparities* (May-June 2013), 3 featured articles on mental and behavioral health disparities for African Americans, Asian Americans and Latinos (October 2012), and 5 articles on disability, psychology and rehabilitation (April 2003).

**How are practices using population-based strategies to improve patient health outcomes?
How have organizations supported population-based strategies in practice transformation?**

APA has long supported efforts at preventing health problems from ever occurring and recently passed, as policy, a professional practice guideline, “Guidelines for Prevention in Psychology,” in an effort to educate psychologists and others about the importance of preventing problems in order to enhance functioning and psychological well-being.

<http://www.apa.org/about/policy/prevention.pdf>

The May June 2012 issue of the *American Psychologist* was devoted to the topic of prevention. This peer reviewed publication represents the best of psychological science and is received by all of APA’s members, thus potentially influencing a large number of psychologists.

Increasingly, psychologists are integrated into primary care settings where they commonly develop screening mechanisms suitable for implementation across the entire practice.

Psychologists develop strategies so that primary care providers can reliably screen patients and make appropriate referrals to specialists.

With proper identification and evaluation, challenges such as depression, anxiety, inadequate sleep, and poor lifestyle behaviors (e.g., nutrition, exercise) can be addressed to improve overall health. Psychologists in primary care settings are ideal providers to address behavior change.

As more psychologists move into roles in primary care settings, APA is working to meet educational and training needs. APA has professional practice guidelines entitled *Guidelines for Psychological Practice in Health Care Delivery Settings*

(<http://www.apa.org/practice/guidelines/delivery-systems.aspx>). APA has also developed a wide variety of resources for primary care providers who want to integrate psychologists into their teams. Many of these are detailed on APA's web pages on "primary care"

(<http://www.apa.org/ed/graduate/primary-care-psychology.aspx>) but of particular relevance are the documents on competencies in primary care practice and inter-professional care practice for psychologists.

What are the operational challenges, lessons learned, and successes in developing an infrastructure to support transformation?

Policies that prohibit same day billing for multiple services are a major operational challenge to treatment for beneficiaries with co-morbid conditions. Many of these individuals, who rank among the nation's sickest and poorest citizens, have limited access to transportation. Asking the patient to schedule multiple appointments across different days is burdensome for the patient, inefficient for the providers, and inconsistent with the concept of integrated healthcare. To improve quality of care and cost-effectiveness federal and state policies should be revised so that these beneficiaries may receive as many services as needed on the same day.

How can physician/clinician affinity groups be levered to strengthen the care process and improve patient outcomes?

While the term "affinity groups" has a number of different meanings our response focuses on interdisciplinary healthcare teams and their impact on quality of care and patient outcomes. Psychologists work on interdisciplinary teams to help patients address many different healthcare problems including cardiovascular disease, cancer, diabetes, pain management, traumatic brain injury, rehabilitation, and sleep medicine. This strengthens the care process by attending to patients' mental and behavioral needs while fighting their physical ailments. The improvement in patient outcomes stemming from the integration of physical and behavioral healthcare was noted by the American Hospital Association in *Trend Watch* (January 2012):

Behavioral health disorders are prevalent among U.S. adults and the consequences of not addressing these conditions in a coordinated fashion are poorer physical and

mental health outcomes and higher health care costs. Health care organizations and providers that can effectively integrate care across treatment settings as well as between the behavioral and physical health care systems should realize gains in quality and outcomes, and reduced treatment costs.

Medicare and other federal programs, as well as the private insurance market, can facilitate the improvement of quality and patient outcomes by promoting integrated physical and behavioral healthcare. Critical to this process is ensuring that all providers are appropriately reimbursed for the work that they do. Allowing psychologists to bill for E&M-like services and H&B services in both federal programs and the private insurance market would be a major step forward in promoting healthcare integration.

What challenges that have not been successfully addressed to date need to be addressed to achieve desired outcomes in health, healthcare, and more affordable care?

One of the challenges affecting all of health care is how to successfully disseminate and implement new findings in a timely fashion. This requires changing both individual behavior and system organization and policies, a challenge that psychologists have particular expertise in. Leading psychologists, both practitioners and researchers, have been examining these issues and helping to enact change. Once again, an issue of the *American Psychologist*, January 2014, was devoted to this topic.

Another challenge is successfully integrating behavioral health and physical health. While specialty mental health care will continue to be needed, increasingly access to mental and behavioral healthcare will become necessary at the site where physical healthcare is accessed. Furthermore, it is not simply be a matter of co-locating such services but rather truly integrating the services so that each healthcare professional's expertise is utilized when making determinations about healthcare options for individuals. Psychologists can provide specific care to patients related to a host of mental and behavioral problems, support patients making lifestyles changes, and consult with providers about optimal ways to address a host of issues that occur in the course of their care (e.g. challenging interactions, engaging patients, etc.). The *American Psychologist*, APA's flagship journal, regularly features articles on this content not to mention the numerous publications found in so many of APA's 75 published journals, all in an effort to inform members and the larger professional community.

Challenges and lessons learned in Practice Transformation engagement.

What information privacy challenges are anticipated or have been experienced in the transformation of practices? How have these challenges been addressed? What specific local, state, or federal requirements presented these obstacles?

Psychologists have identified two primary concerns: patient privacy and overall security of health IT. Seeking psychological services is still stigmatized, which leads to an increased sensitivity among psychologists to protect the confidentiality of the patient record. Generally, these concerns are partially addressed by federal regulations such as HITECH, the HIPAA Security Rule and 42 CFR Part 2. However, a concern is that guidance explaining security measures to be implemented tends to be aspirational, rather than mandatory, which generates some confusion.

The stigma associated with behavioral health treatment can present a challenge when it comes to sharing PHI within EHR systems. Providers are reluctant to input information that may potentially be accessed by practitioners who do not have a need to know or by other non-medical entities. While there are local, state and federal requirements around patient privacy, the problem seems to be a lack of education as to how exactly to comply with these requirements. For example, HIPAA allows for many types of disclosures of patient information; however, because it is generally misunderstood across healthcare professions, practitioners are generally cautious about when they can release information and so they often do not. This confusion can impede the transformation of practices as healthcare moves forward. Future considerations regarding HIPAA's inherent ambiguity should take in to account the need for educational tools and guidance on best practices for compliance.

Engagement, Partnership and Continuous Learning in Practice Transformation.

What should CMS consider when spreading innovations through learning systems?

CMS should consider information from psychological science that promotes learning, attitude and behavior change, and program implementation. Evidence-based educational practices should be used in teaching and learning. As many professions have already done, competencies for the practitioners of the future (e.g., inter-professional competencies) should be articulated. Educational opportunities should be designed to facilitate the acquisition of those competencies through programmatic CE offerings that have built in follow-up support.

What should CMS consider as it works with States in practice transformation?

It is essential to understand the geopolitical climate of a state in attempting to influence practice transformation. What are regional norms for practice? Do the different healthcare professions work well together or are guild conflicts the norm? Are there effective health care coalitions with a proven record of accomplishing transformative practices such as mental health parity or effectively operationalizing the definition of medical necessity? Are there effective relationships between third-party payer, provider, and consumer groups that can assure a balance between cost and quality considerations?

It is also critical to the future success of health care transformation to establish productive relationships with state-based professional organizations such as the state psychological association or state medical society. These types of organizations often have long-standing relationships with state agencies, non-profit organizations, and private sector enterprises that define the way healthcare delivery is structured and financed at the local level. In states with strong psychological associations, for example, key individuals on staff or the board may have critical historical knowledge of how healthcare delivery has evolved in the state. Such associations also help educate the professional community about technological and administrative changes in the structure of health care at the state level. Most state associations have continuing education forums, annual conventions, online and print newsletters and other mechanisms for rapidly disseminating information to the professional community.

In summary, whether at the coalition level or with specific professional associations it would be highly beneficial to cultivate a core group of key contacts who are highly motivated to help the professional community to influence and adapt to the transforming healthcare system.

What would motivate new partners to enter the field of practice transformation as a prime contract, subcontractor, or consultant?

Healthcare professionals such as psychologists could bring enormous knowledge and skill to the field of practice transformation as consultants in a variety of settings. For example, psychologists could design protocols for dealing with dementia patients in skilled nursing facilities. This would include instructing staff on techniques to handle aggressive and/or inappropriate patient behaviors, suggesting ways to enhance patients' personal and social well-being, and recommending environmental changes to promote patient safety.

The contracting process for consultants should be readily understandable and not overly burdensome. CMS could assist in this process by providing information and customer support for those seeking to become consultants. Lastly, there must be appropriate and reliable payment for consultant services to motivate healthcare professionals to undertake the challenges of practice transformation.

Current Engagement in CMS Models.

How could CMS possibly use patient satisfaction surveys or report cards regarding practice transformation?

First, psychologists have particular expertise in system and program evaluation as well as the design and development of measures for a wide variety of uses. Whether existing patient satisfaction surveys are used or targeted tools are developed, consultation with psychologists with the appropriate expertise may be very useful for CMS. Such consultation might allow SMS to identify best tools for specific uses, describe the focus of assessment and articulate intended outcomes to be obtained from measurement.



Several areas of focus for patient satisfaction surveys underscore issues facing recipients of mental and behavioral health services. First of all, assessing patients' access to appropriate care and any barriers to care is important. Access and barriers to care are likely to vary depending on the type of care sought as reports suggest that patients have greater difficulty accessing mental and behavioral health care than physical health care. Patient feedback regarding interactions among their care providers and the coordination of their care is critical. As increasingly health care systems move to more integrated care models it will be important to understand how patients perceive such care. Lastly, any patient concerns about administrative issues related to their care will need to be addressed. Each of these areas can be used to highlight weaknesses in the current provision of care and opportunities for changes and improvements. While assessing these areas, determining the strengths of current models of care may yield important information regarding what is working and how CMS can build on those strengths to improve health care for all.